

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024144

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 144

Primary Registration District No. 5562

Registrar's No. 78

FILED JUN 17 1963

| | | | |
|--|----------------------------------|---|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Iron | | 2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE Missouri COUNTY Iron | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton - Rural | | c. CITY OR TOWN Ironton | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bapt. Home | | d. STREET ADDRESS (If outside, give location) Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First CARRIE Middle ELIZABETH Last WHITENER | | 4. DATE OF DEATH Month June Day 8 Year 1963 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-28-79 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Wayne Co. Mo. | |
| 11. BIRTHPLACE (City and state or country) U. S. A | | 12. CITIZEN OF WHAT COUNTRY U. S. A | |
| 13a. FATHER'S NAME Richard H. Barber | | 13b. MOTHER'S MAIDEN NAME Columbia Klien | |
| 14. NAME OF HUSBAND OR WIFE N. L. Whitener | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Homer Whitener, Flat River, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION Ironton, Missouri | | 20g. COUNTY Madison Co. Mo. | |
| 20h. STATE Mo. | | 21. I attended the deceased from 5-29-63 to 6-8-63 and last saw her alive on 5-30-63 Death occurred at 7:30 m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <i>Morris C. Morris MD</i> | | 22b. ADDRESS Ironton, Missouri | |
| 22c. DATE SIGNED 6-8-63 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE 6/10/1963 | | 23c. NAME OF CEMETERY OR CREMATORY Barber Cemetery | |
| 23d. LOCATION (City, town, or county) Madison Co. Mo. | | 23e. (State) Mo. | |
| 24. FUNERAL DIRECTOR Murphy L. Sparks | | 25. DATE RECD. BY LOCAL REG. 6-8-63 | |
| 26. REGISTRAR'S SIGNATURE <i>Max Avis Jones</i> | | 27. (State) Mo. | |

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Murphy L. L. L.

Licensed Embalmer No.

4256

P. O. Address

Alas...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.